2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

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Entity Name: MERCY WORKS, INC.

Current Principal Place of Business:

8824 DUNES COURT, #103
KISSIMMEE, FL 34747

New Principal Place of Business:

2451 PEACE CIRCLE
KISSIMMEE, FL 34758

Current Mailing Address:

8824 DUNES COURT, #103
KISSIMMEE, FL 34747

New Mailing Address:

2451 PEACE CIRCLE
KISSIMMEE, FL 34758

FEI Number: 74-3035608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAKEFIELD, S. CRAIG
1400 W. OAK STREET
SUITE A
KISSIMMEE, FL 34741

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WOOD, PATRICIA R
Address: 8824 DUNES COURT, #103
City-St-Zip: KISSIMMEE, FL 34747

Title: DS ( ) Delete
Name: WOOD, CRYSTAL
Address: 8824 DUNES COURT, #103
City-St-Zip: KISSIMMEE, FL 34747

Title: DT ( ) Delete
Name: KOEPKE, MARY
Address: 8437 PENN AVENUE S
City-St-Zip: BLOOMINGTON, MN 55431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WOOD, PATRICIA R
Address: 2451 PEACE CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

Title: DS (X) Change ( ) Addition
Name: WOOD, CRYSTAL
Address: 2451 PEACE CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA R. WOOD DP 05/01/2002

Electronic Signature of Signing Officer or Director — Date